



HIV/AIDS Semi-Annual Report December 2005

Kentucky Cabinet for Health and Family Services
Department for Public Health
HIV/AIDS Branch

HIV/AIDS Semi-Annual Report Production:

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Department for Public Health
Cabinet for Health and Family Services**

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Kentucky HIV/AIDS Semi-Annual Report

Data Sources and Limitations

The HIV/AIDS Semi-Annual Report presents data regarding AIDS cases diagnosed and reported to the Kentucky Department for Public Health HIV/AIDS Surveillance Program through December 31, 2005. According to state regulation 902 KAR 2:020, Section 7, health professionals licensed under KRS chapters 311 through 314, health facilities licensed under KRS chapter 216B, and laboratories licensed under KRS chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health within five business days of diagnosis. HIV and AIDS cases are reported by name. HIV cases were previously reported by 'Unique Identifier' consisting of the persons initials of last and first name; date of birth; and last four digits of Social Security number. However, on July 13, 2004, new HIV/AIDS reporting requirements were adopted in Kentucky to include reporting for HIV using a "Confidential Name Based" reporting system. According to 902 KAR 2:020, Section 7, HIV cases are to be reported by name, gender, race and risk factor as identified by the Centers for Disease Control and Prevention. Data from the new HIV 'Confidential Name Based' reporting system, which was implemented as a result of these requirements, will not be released until a complete evaluation of the system has been performed. HIV tests can be either anonymous or confidential; however, only confidential HIV positive cases are reported to the Kentucky Department for Public Health.

HIV and AIDS cases residing in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble are reported to an HIV/AIDS surveillance nurse consultant at the Louisville Metro Health Department. All other HIV and AIDS cases are reported to an HIV/AIDS surveillance representative at the Kentucky Department for Public Health. Case information from both sites is combined at the Kentucky Department for Public Health to produce this report.

Data Limitations: The year of AIDS diagnosis, not the year of report, was used in the analyses of trends and in the calculation of rates. As a result of reporting delays, case numbers for the most recent years of diagnosis may not be complete and therefore the most recent year of 2005 is considered provisional data. AIDS data provided by the Kentucky Department for Public Health have not been adjusted for reporting delay.

Limitations of the data also exist in the reliability of the calculated rates from a small number of reported cases. All rates, including incidence rates, are subject to random variation. Small frequencies of reported AIDS cases may cause a higher likelihood that this random variation may exist. The observation of no cases being reported (or a rate of zero), regardless of the population size, may not represent the number of actual cases represented within that population.

Also, although Kentucky has implemented the name-based reporting system as of July 15, 2004, the recent implementation of this reporting system prevents any HIV data from being released at this time. Another limitation of the AIDS dataset is the increasing number of cases reported with undetermined mode of exposure information. Cases with undetermined mode of exposure, based on year of diagnosis, have decreased 25 percent from 20 percent in 2003 to 15 percent in 2005. Currently, surveillance data is collected through both hard case reports, telephone and chart reviews which may result in missing information. Enhanced surveillance activities have been implemented to attempt to resolve case reports with missing risk factor information.

Note to Reader: Because AIDS surveillance data does not reflect the residence of an AIDS case or where the person is currently receiving care, the potential for case duplication between states can occur. The potential for duplication has become more of an issue due to the mobility of our society. To help respond to potential duplication problems, the CDC initiated the Interstate Duplication Evaluation Project (IDEP) in 2004 to compare patient records throughout the nation in order to identify duplicate cases that may exist. The states with duplicate cases contact one another to compare patient profiles in order to determine the residency of the case. Due to this process, the cumulative numbers of cases within Kentucky may decrease, but the process has increased the accuracy of Kentucky AIDS data by reducing the chance that no case has been counted more than once nationwide.

Number of AIDS Cases in Kentucky

Date of Report:	The date of an HIV or AIDS case reported to the Kentucky HIV/AIDS Program.
Date of Diagnosis:	The date an HIV or AIDS case is actually diagnosed.
KEY DIFFERENCE:	A case may be diagnosed in one year and not reported for many years later. For this reason, date of diagnosis is used to examine epidemiologic trends.

As of December 31, 2005, there have been 4,321 AIDS cases reported in Kentucky to the Department for Public Health's HIV/AIDS surveillance system. Of these reported cases, 2,422 are still reported as living. In 2004, there were 208 new AIDS cases diagnosed. As of December 31, 2005, 142 new AIDS cases have been diagnosed and reported to the Kentucky HIV/AIDS surveillance program (Table 1).

AIDS Cases by Year of Report and Year of Diagnosis

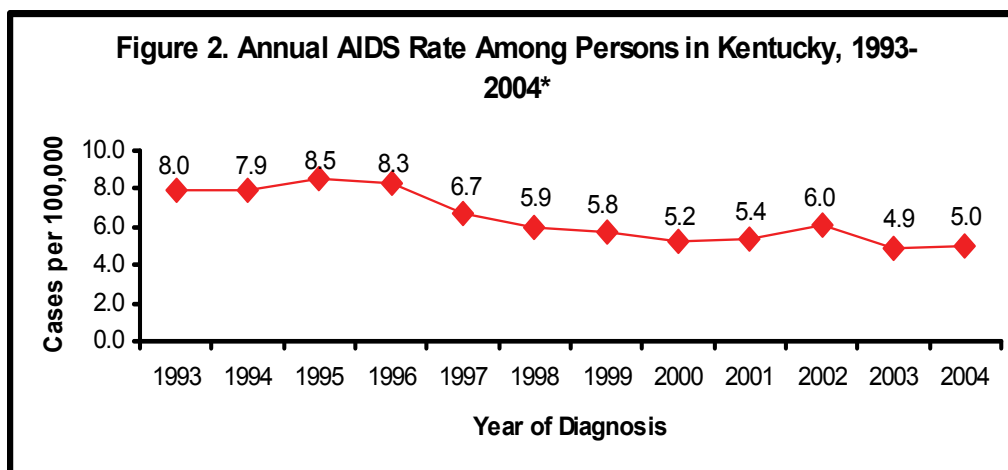
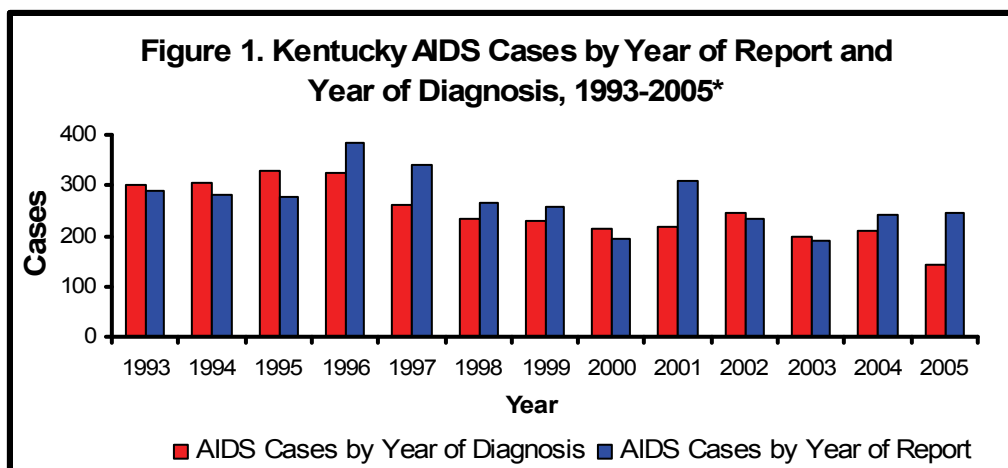
Table 1.

Year	AIDS Cases by Year of Diagnosis	AIDS Cases by Year of Report
1993	302	288
1994	304	281
1995	330	277
1996	323	383
1997	260	342
1998	233	264
1999	228	258
2000	212	194
2001*	219	307
2002	247	232
2003	200	192
2004	208	240
2005	142	246

*The increase in reported cases for the year 2001 may be due to a change in reporting regulations, which were adopted in December 2000, requiring laboratories to report positive HIV test results to the Department for Public Health.

†Data is reported through December 31, 2005.

Number of AIDS Cases and Rates in Kentucky



*Data are current as of December 31, 2005, however, data for 2005 are considered provisional data due to reporting delays and are not presented in trend analysis.

Figure 1 shows the Kentucky AIDS cases by year of report as well as year of diagnosis. The annual AIDS rates among persons in Kentucky shows a trend by year of diagnosis (Figure 2). The AIDS incidence rate decreased 39 percent from 8.5 per 100,000 in 1995 to 5.2 per 100,000 in 2000. This decline was partially due to advances in treatments for HIV and opportunistic infections. The treatments prolonged the lives of many patients as well as extended the time from HIV infection to AIDS progression. In 2001, for the first time since 1993, an increase was observed in the Kentucky AIDS rate and continued through 2002. In 2004, the AIDS rate showed a decrease from 6.0 per 100,000 population in 2002 to 5.0 per 100,000 in 2004, however, there was a slight increase in the AIDS rate from the previous year.

Cumulative AIDS Statistics: Kentucky vs. The United States

Table 2. Kentucky AIDS Cases Cumulative through December 31, 2005

Characteristics	Total Cases	% of AIDS cases ⁽¹⁾
GENDER		
Male (adult/adolescent)	3,656	85%
Female (adult/adolescent)	637	15%
Child (<13 yrs)	28	1%
TOTAL	4,321	100%
AGE AT DIAGNOSIS		
<13	28	1%
13-24	229	5%
25-44	3,241	75%
45-64	781	18%
65+	42	1%
TOTAL	4,321	100%
RACE		
White	2,870	66%
African-American	1,314	30%
Other/Undetermined	136	3%
TOTAL	4,320	100%
RISK		
MSM ⁽²⁾	2,406	56%
IDU ⁽³⁾	587	14%
MSM/IDU	247	6%
Heterosexual	544	13%
Perinatal	23	1%
Other/Undetermined ⁽⁴⁾	514	12%
TOTAL	4,321	101%

(1) Percentages may not always total 100% due to rounding

(2) MSM=Men Having Sex with Men

(3) IDU=Injecting Drug User

(4) Includes hemophilia, blood transfusion, and risk not reported or not identified.

Kentucky's AIDS case demographic (Table 2) closely parallels that of the U.S. AIDS demographic (Table 3). However, compared to U.S. data, the percentage of white cases reported is greater in Kentucky. This could be due to the greater percentage of white persons in Kentucky's general population compared to the U.S. population. In addition, a greater percentage of Kentucky AIDS cases report their primary mode of exposure to be Men Having -

Table 3. Estimated United States AIDS Cases Cumulative through 2004⁽⁵⁾

Characteristics	Total Cases ⁽⁶⁾	% of AIDS cases ⁽¹⁾
GENDER		
Male (adult/adolescent)	756,399	80%
Female (adult/adolescent)	178,463	19%
Child (<13 yrs)	9,443	1%
TOTAL[†]	944,305	100%
AGE AT DIAGNOSIS		
<13	9,443	1%
13-24	40,059	4%
25-44	680,209	72%
45-64	200,185	21%
65+	14,410	2%
TOTAL[†]	944,306	100%
RACE		
White	375,155	40%
African-American	379,278	40%
Other	187,565	20%
TOTAL[†]	941,998	100%
RISK		
MSM ⁽²⁾	441,380	47%
IDU ⁽³⁾	248,813	26%
MSM/IDU	64,833	7%
Heterosexual	159,114	17%
Perinatal	8,779	1%
Other/Undetermined	21,385	2%
TOTAL[†]	944,304	100%

(5) U.S. Cases from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*, 2004: 16.

(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delay and redistribution of unknown risk. Value totals may be different because values were calculated independently.

† Total include persons of unknown race or multiple races and persons of unknown gender. Because totals were calculated independently of the values for the subpopulations, the totals in the tables may not be equal.

Sex with Men (MSM) (56%) as compared to U.S. AIDS cases (47%) reported as MSM. Also in contrast, the U.S. cases report higher exposure to injection drug use (26%) than Kentucky (14%).

Annual AIDS Rate per 100,000 A Comparison of Kentucky to Other States, 2004

Table 4. Annual AIDS Rates by State, 2004

Rank	State	Rate		Rank	State	Rate
1	District of Columbia	179.2		26	Alaska	8.4
2	New York	39.7		27	Oregon	7.8
3	Florida	33.5		28	Colorado	7.3
4	Maryland	26.1		29	Washington	7.2
5	Louisiana	22.4		30	Missouri	6.8
6	New Jersey	21.2		31	Arkansas	6.7
7	Delaware	18.9		32	Michigan	6.5
8	Georgia	18.6		33	Indiana	6.3
9	Connecticut	18.4		34	Kentucky	6.1
10	South Carolina	18.1		35	Ohio	5.8
11	Mississippi	16.5		36	Oklahoma	5.5
12	Texas	14.7		37	West Virginia	5.1
13	North Carolina	13.3		38	Maine	4.6
14	Illinois	13.2		39	Minnesota	4.3
15	Nevada	13.1		40	Kansas	4.2
16	Pennsylvania	13.1		41	Nebraska	3.9
17	Tennessee	13.1		42	Wyoming	3.6
18	California	13.0		43	Utah	3.3
19	Rhode Island	12.2		44	New Hampshire	3.2
20	Hawaii	10.8		45	Wisconsin	3.2
21	Virginia	10.7		46	North Dakota	2.7
22	Alabama	10.3		47	Vermont	2.7
23	Arizona	9.8		48	Iowa	2.2
24	New Mexico	9.6		49	Idaho	1.6
25	Massachusetts	8.8		50	South Dakota	1.6
				51	Montana	0.8

(1) U.S. Rates from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, 2004;16.

United States AIDS Rate:	14.9
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Cumulative AIDS Cases By Area Development Districts (ADD) and County at the Time of Diagnosis

Table 5.

ADD/County	Total AIDS Cases ⁽²⁾	Living with AIDS	ADD/County	Total AIDS Cases ⁽²⁾	Living with AIDS
Barren River	150	69	Buffalo Trace	33	20
Allen	10	6	Bracken	≤5	≤5
Barren	22	6	Fleming	≤5	≤5
Butler	≤5	≤5	Lewis	11	7
Edmonson	≤5	≤5	Mason	14	8
Hart	≤5	≤5	Robertson	≤5	≤5
Logan	15	7			
Metcalfe	≤5	≤5	Cumberland Valley	89	56
Monroe	10	≤5	Bell	10	7
Simpson	6	≤5	Clay	18	15
Warren	75	34	Harlan	11	6
			Jackson	≤5	≤5
Big Sandy	38	21	Knox	8	≤5
Floyd	12	9	Laurel	17	10
Johnson	6	≤5	Rockcastle	≤5	≤5
Magoffin	≤5	≤5	Whitley	18	11
Martin	≤5	≤5			
Pike	17	8	FIVCO	71	39
			Boyd	48	32
Bluegrass	835	514	Carter	7	≤5
Anderson	8	≤5	Elliott	≤5	≤5
Bourbon	11	6	Greenup	11	≤5
Boyle	15	12	Lawrence	≤5	≤5
Clark	18	12			
Estill	≤5	≤5	Gateway	45	33
Fayette	598	367	Bath	≤5	≤5
Franklin	44	25	Menifee	≤5	≤5
Garrard	≤5	≤5	Montgomery	15	15
Harrison	7	≤5	Morgan	16	7
Jessamine	17	8	Rowan	8	7
Lincoln	10	7			
Madison	36	21	Green River	148	88
Mercer	13	7	Daviess	75	45
Nicholas	≤5	≤5	Hancock	≤5	≤5
Powell	7	≤5	Henderson	40	28
Scott	23	17	McLean	≤5	≤5
Woodford	19	15	Ohio	7	≤5
			Union	14	6
			Webster	≤5	≤5

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Cumulative AIDS Cases By Area Development Districts (ADD) and County at the Time of Diagnosis (Continued from page 8)

Table 5. continued

ADD/County	Total AIDS Cases ⁽²⁾	Living with AIDS
Kentucky River	37	22
Breathitt	≤5	≤5
Knott	≤5	≤5
Lee	≤5	≤5
Leslie	≤5	≤5
Letcher	12	6
Owsley	≤5	≤5
Perry	10	7
Wolfe	≤5	≤5
Lake Cumberland	57	34
Adair	≤5	≤5
Casey	≤5	≤5
Clinton	≤5	≤5
Cumberland	≤5	≤5
Green	≤5	≤5
McCreary	≤5	≤5
Pulaski	28	14
Russell	≤5	≤5
Taylor	≤5	≤5
Wayne	≤5	≤5
Lincoln Trail	120	72
Breckinridge	9	≤5
Grayson	8	≤5
Hardin	68	40
Larue	≤5	≤5
Marion	6	≤5
Meade	13	11
Nelson	13	6
Washington	≤5	≤5

ADD/County	Total AIDS Cases ⁽²⁾	Living with AIDS
North Central	2003	1076
Bullitt	15	9
Henry	11	≤5
Jefferson	1825	974
Oldham	117	65
Shelby	24	15
Spencer	≤5	≤5
Trimble	6	≤5
Northern Kentucky	356	192
Boone	50	29
Campbell	75	40
Carroll	6	≤5
Gallatin	≤5	≤5
Grant	12	≤5
Kenton	206	107
Owen	≤5	≤5
Pendleton	≤5	≤5
Pennyrile	177	94
Caldwell	11	6
Christian	66	39
Crittenden	≤5	≤5
Hopkins	28	9
Livingston	10	6
Lyon	14	6
Muhlenberg	21	8
Todd	18	12
Trigg	6	≤5
Purchase	161	91
Ballard	7	≤5
Calloway	18	9
Carlisle	≤5	≤5
Fulton	≤5	≤5
Graves	19	9
Hickman	≤5	≤5
Marshall	11	7
McCracken	98	57

AIDS Cases and Rates by Year of Diagnosis and Area Development District (ADD) of Residence at Time of Diagnosis

Table 6. AIDS Cases and Rates by ADD

AIDS CASES AND RATES BY YEAR OF DIAGNOSIS AND BY AREA DEVELOPMENT DISTRICT (ADD) AT TIME OF DIAGNOSIS									
DISTRICT	CASES & RATES⁽¹⁾	1982-99	2000	2001	2002	2003	2004	2005	TOTAL CASES⁽²⁾
1. Purchase	Cases	106	10	12	8	12	10	3	161
	Rate per 100,000		5.2	6.2	4.2	6.2	5.2		
2. Pennyrite	Cases	132	12	5	8	9	5	6	177
	Rate per 100,000		5.6	2.3	3.7	4.2	2.3		
3. Green River	Cases	103	8	6	11	9	9	2	148
	Rate per 100,000		3.9	2.9	5.3	4.3	4.3		
4. Barren River	Cases	108	4	4	9	6	12	7	150
	Rate per 100,000		1.6	1.6	3.5	2.3	4.5		
5. Lincoln Trail	Cases	86	7	5	8	4	6	4	120
	Rate per 100,000		2.9	2.1	3.2	1.6	2.4		
6. North Central	Cases	1440	92	108	127	94	84	58	2003
	Rate per 100,000		10.6	12.4	14.4	10.6	9.4		
7. Northern Kentucky	Cases	271	10	11	14	14	26	10	356
	Rate per 100,000		2.6	2.8	3.5	3.5	6.3		
8. Buffalo Trace	Cases	21	1	2	2	1	1	5	33
	Rate per 100,000		1.8	3.6	3.6	1.8	1.8		
9. Gateway	Cases	32	1	2	4	5	0	1	45
	Rate per 100,000		1.3	2.6	5.1	6.4	0.0		
10. FIVCO	Cases	56	3	2	2	3	3	2	71
	Rate per 100,000		2.2	1.5	1.5	2.2	2.2		
11. Big Sandy	Cases	31	0	1	1	3	1	1	38
	Rate per 100,000		0.0	0.6	0.6	1.9	0.6		
12. Kentucky River	Cases	26	1	2	5	2	0	1	37
	Rate per 100,000		0.8	1.7	4.2	1.7	0.0		
13. Cumberland Valley	Cases	64	3	5	5	3	4	5	89
	Rate per 100,000		1.3	2.1	2.1	1.2	1.7		
14. Lake Cumberland	Cases	39	2	5	2	4	2	3	57
	Rate per 100,000		1.0	2.6	1.0	2.0	1.0		
15. Bluegrass	Cases	577	58	49	41	31	45	34	835
	Rate per 100,000		8.5	7.1	5.9	4.4	6.3		
TOTAL CASES		3092	212	219	247	200	208	142	4320

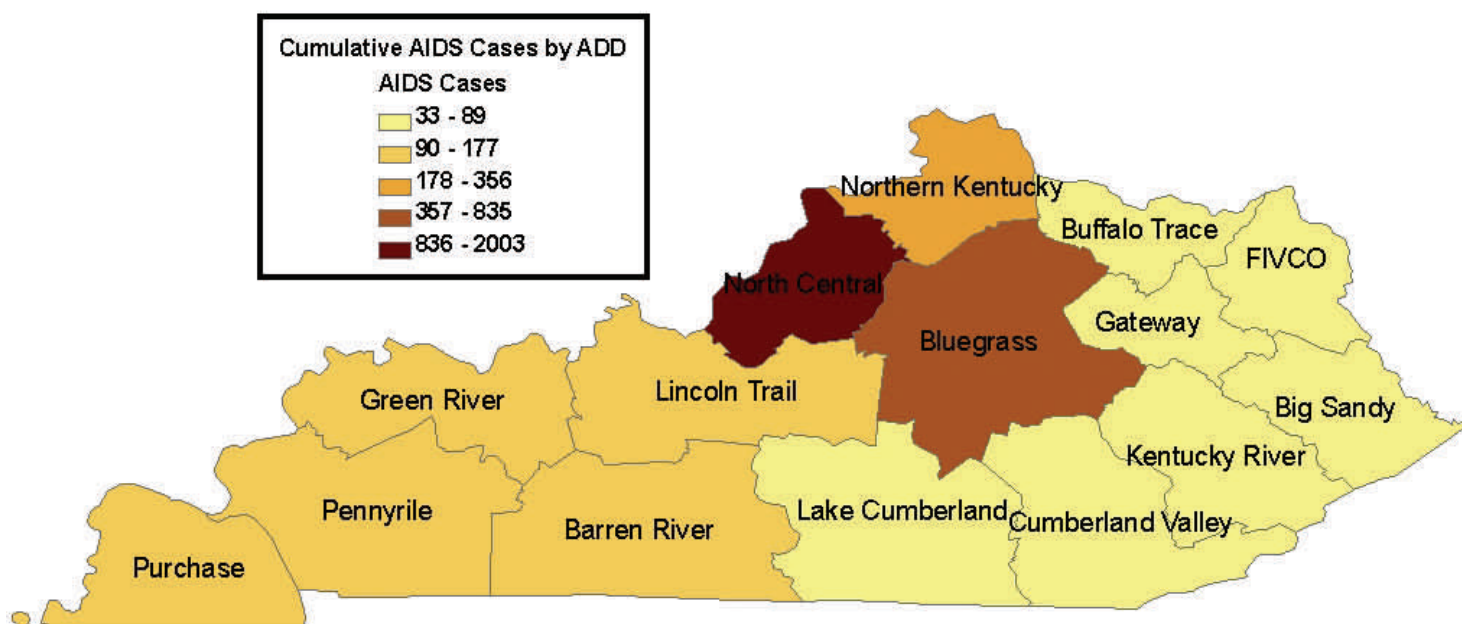
(1) Rates are only listed for years of diagnosis 2000 - 2004. Data for 2005 are provisional due to reporting delay and are subject to change.

(2) Total AIDS Cases both Living and Deceased; Total AIDS cases reported are 4,321—1 AIDS case with unknown residential information.

(3) Due to the small numbers of AIDS cases reported in some Area Development Districts (ADD), please interpret the corresponding rates with caution.

Figure 3.

Cumulative AIDS Cases by Area Development District (ADD) December 31, 2005



The largest number of AIDS cases (46%) residing in Kentucky at the time of diagnosis were reported in the North Central Area Development District (ADD) which includes the city of Louisville (Figure 3). The Bluegrass ADD had the second largest number of AIDS cases (19%) reported in Kentucky, which includes the city of Lexington, followed by the Northern Kentucky ADD with the third largest number of AIDS cases (8%) reported in the state of Kentucky.

Adult/Adolescent AIDS Cases By Year of Diagnosis⁽¹⁾

Table 7.

Adult/Adolescent⁽¹⁾ AIDS Cases by Year of Diagnosis																
Characteristics	1982-99	%	2000	%	2001	%	2002	%	2003	%	2004⁽²⁾	%	2005⁽²⁾	%	Total	%⁽³⁾
<u>GENDER</u>																
Male	2672	87%	173	82%	184	84%	198	81%	153	77%	165	79%	110	77%	3655	85%
Female	395	13%	38	18%	35	16%	47	19%	47	24%	43	21%	32	23%	637	15%
*TOTAL⁽³⁾	3067	100%	211	100%	219	100%	245	100%	200	100%	208	100%	142	100%	4292	100%
<u>AGE AT DIAGNOSIS</u>																
13-19	25	1%	0	0%	2	1%	1	0%	1	1%	1	0%	1	1%	31	1%
20-29	595	19%	28	13%	37	17%	37	15%	39	20%	34	16%	20	14%	790	18%
30-39	1457	48%	98	46%	73	33%	87	36%	62	31%	70	34%	51	36%	1898	44%
40-49	727	24%	57	27%	79	36%	78	32%	69	35%	81	39%	48	34%	1139	27%
>49	263	9%	28	13%	28	13%	42	17%	29	15%	22	11%	22	15%	434	10%
*TOTAL⁽³⁾	3067	100%	211	100%	219	100%	245	100%	200	100%	208	100%	142	100%	4292	100%
<u>RACE</u>																
White	2147	70%	117	55%	124	57%	154	63%	111	56%	122	59%	81	57%	2856	67%
African-American	861	28%	82	39%	84	38%	78	32%	73	37%	71	34%	50	35%	1299	30%
Other	59	2%	12	6%	11	5%	13	5%	15	8%	15	7%	11	8%	136	3%
*TOTAL⁽³⁾	3067	100%	211	100%	219	100%	245	100%	199	100%	208	100%	142	100%	4291	100%
<u>RISK</u>																
MSM⁽⁴⁾	1810	59%	104	49%	121	55%	105	43%	91	46%	106	51%	68	48%	2405	56%
IDU⁽⁵⁾	418	14%	24	11%	29	13%	35	14%	34	17%	31	15%	16	11%	587	14%
MSM and IDU	194	6%	9	4%	9	4%	9	4%	11	6%	14	7%	1	1%	247	6%
Hemophilia/Blood Disorder	79	3%	3	1%	0	0%	0	0%	0	0%	2	1%	1	1%	85	2%
Heterosexual⁽⁶⁾	369	12%	31	15%	29	13%	31	13%	25	13%	24	12%	35	25%	544	13%
Transfusion/Transplant	39	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	39	1%
Undetermined⁽⁷⁾	158	5%	40	19%	31	14%	65	27%	39	20%	31	15%	21	15%	385	9%
*TOTAL⁽³⁾	3067	100%	211	100%	219	100%	245	100%	200	100%	208	100%	142	100%	4292	100%

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Data for the year 2005 are provisional due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) MSM = Men Having Sex with Men

(5) IDU = Injecting Drug User

(6) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(7) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to follow-up, refused interview, and persons whose mode of exposure remains undetermined after investigation.

Cumulative Adult/Adolescent AIDS Cases by Risk, Race and Sex

Table 8. Cumulative Adult/Adolescent⁽¹⁾ AIDS Cases

By Risk, Race, and Sex 12/31/05

	Risk	White		African American		Other		TOTAL	
		No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	MSM ⁽³⁾	1895	74%	466	47%	45	43%	2406	66%
	IDU ⁽⁴⁾	175	7%	218	22%	29	28%	422	12%
	MSM and IDU	156	6%	84	8%	6	6%	246	7%
	Hemophilia/Coagulation Disorder	74	3%	8	1%	0	0%	82	2%
	Heterosexual ⁽⁵⁾	108	4%	90	9%	9	9%	207	6%
	Transfusion/Transplant	20	1%	4	0%	0	0%	24	1%
	Undetermined ⁽⁶⁾	123	5%	130	13%	15	14%	268	7%
	TOTAL	2551	100%	1000	100%	104	100%	3655	100%
FEMALE	IDU ⁽⁴⁾	72	24%	85	28%	8	25%	165	26%
	Hemophilia/Coagulation Disorder	2	1%	1	0%	0	0%	3	0%
	Heterosexual ⁽⁵⁾	175	57%	142	47%	20	63%	337	53%
	Transfusion/Transplant	11	4%	4	1%	0	0%	15	2%
	Undetermined ⁽⁶⁾	45	15%	68	23%	4	13%	117	18%
	TOTAL	305	100%	300	100%	32	100%	637	100%

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Percentages may not total to 100 due to rounding.

(3) MSM= Men Having Sex with Men

(4) IDU= Injecting Drug User

(5) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(6) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to follow-up, refused interview, and persons whose mode of exposure remain undetermined after investigation.

Cumulative Pediatric AIDS Cases by Risk and Race

**Table 9. Cumulative Pediatric⁽¹⁾ AIDS Cases
By Risk and Race 12/31/05**

Risk	White		African American		Other		TOTAL	
	No.	%	No.	%	No.	%	No.	% ⁽²⁾
Hemophilia/Coagulation Disorder	3	21%	1	7%	0	0%	4	14%
Perinatal	10	71%	13	93%	0	0%	23	82%
Transfusion	1	7%	0	0%	0	0%	1	4%
TOTAL	14	100%	14	100%	0	0%	28	100%

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Percentages may not total to 100 due to rounding

Table 10. Pediatric⁽¹⁾ AIDS Cases by Year of Diagnosis

Risk Factor	1982-99	%	2000	%	2001	%	2002	%	2003	%	2004 ⁽²⁾	%	2005 ⁽²⁾	%	Total	% ⁽³⁾
Hemophilia/Coagulation Disorder	4	16%	0	0%	0	0	0	0%	0	0	0	0%	0	0%	4	14%
Perinatal	20	80%	1	100%	0	0	2	0%	0	0	0	100%	0	0%	23	82%
Transfusion	1	4%	0	0%	0	0	0	0%	0	0	0	0%	0	0%	1	4%
Total	25	100%	1	100%	0	100%	2	0%	0	100%	0	100%	0	100%	28	100%

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Data for the year 2004 and 2005 are provisional due to reporting delays.

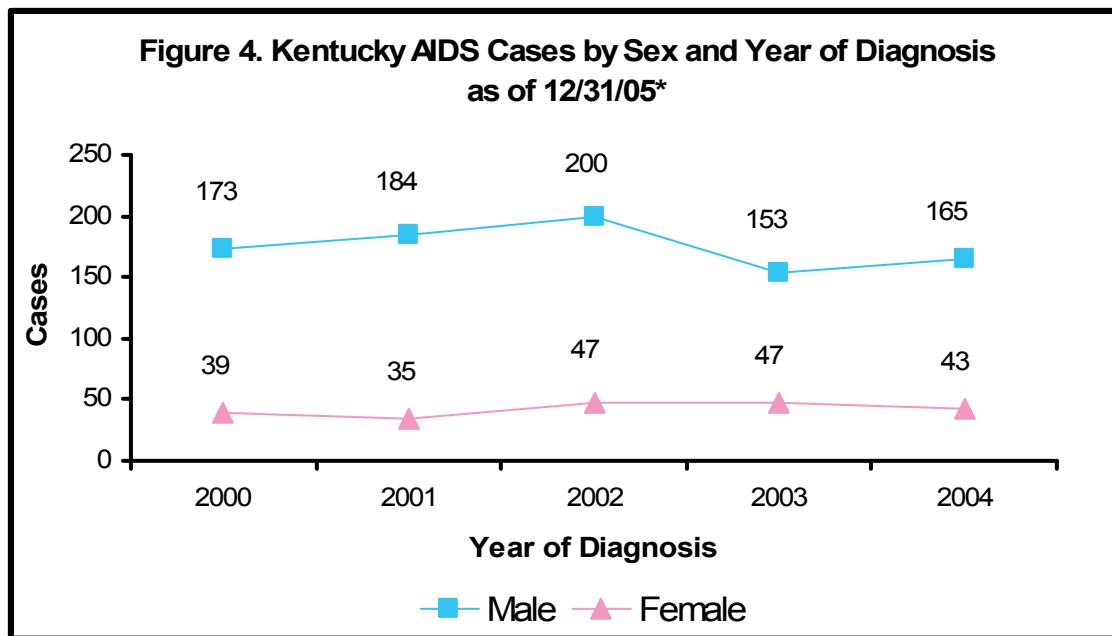
(3) Percentages may not total to 100 due to rounding.

Overall, there have been 28 pediatric AIDS cases reported to the Kentucky HIV/AIDS Surveillance system (Table 9 and Table 10). Twenty-three of these cases were diagnosed prior to 1998. Of these the majority of cases (n=18) were reported with a risk factor due to perinatal transmission, 4 were reported with a risk factor of hemophilia or coagulation disorder, and 1 was reportedly due to transfusion (Table 10). There have been no reports of pediatric cases reporting risk factors for hemophilia, coagulation disorders or transfusions after 1997 and no reports of perinatal transmission after 2002.

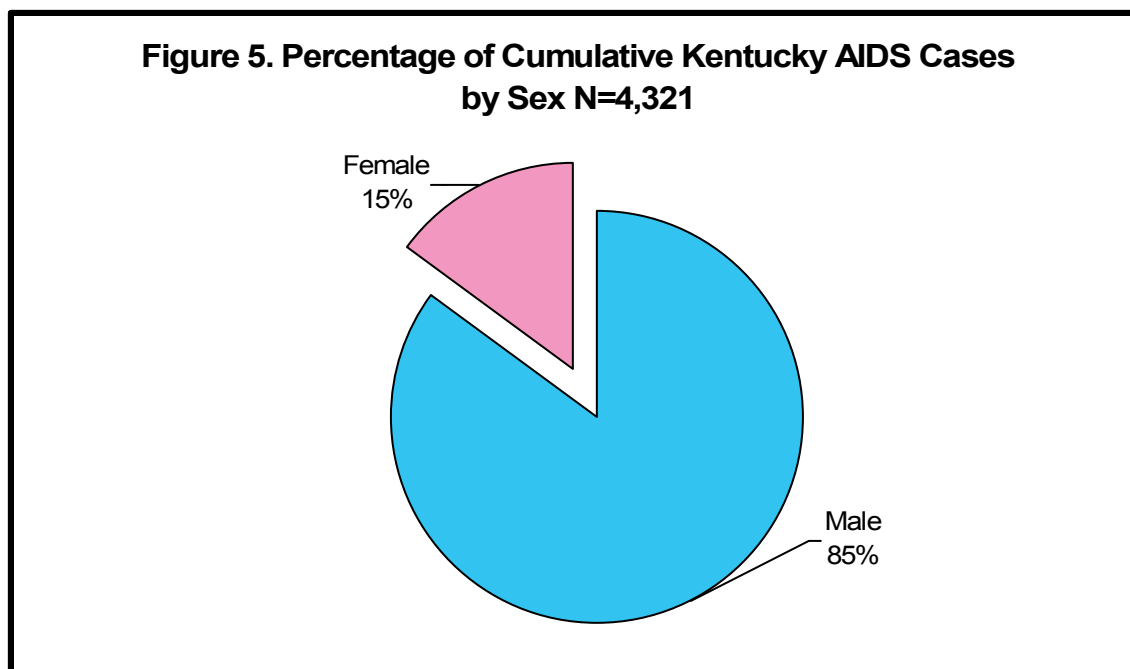
Cumulative AIDS Cases by Age at Diagnosis, Race, and Sex

Table 11. Cumulative ⁽¹⁾ AIDS Cases									
By Age at Diagnosis, Race, and Sex 12/31/05									
	Age Group	White		African American		Other		TOTAL*	
		No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	<13	7	0%	8	1%	0	0%	15	0%
	13-19	17	1%	6	1%	2	2%	25	1%
	20-29	433	17%	178	18%	32	31%	643	18%
	30-39	1154	45%	426	42%	45	43%	1625	44%
	40-49	684	27%	291	29%	19	18%	994	27%
	>49	263	10%	99	10%	6	6%	368	10%
	TOTAL *	2558	100%	1008	100%	104	100%	3670	100%
FEMALE	<13	7	2%	6	2%	0	0%	13	2%
	13-19	4	1%	2	1%	0	0%	6	1%
	20-29	69	22%	68	22%	11	34%	148	23%
	30-39	131	42%	131	43%	10	31%	272	42%
	40-49	62	20%	76	25%	7	22%	145	22%
	>49	39	13%	23	8%	4	13%	66	10%
	TOTAL *	312	100%	306	100%	32	100%	650	100%
(1) Includes both Adult/Adolescent and Pediatric AIDS cases.									
(2) Percentages may not total 100 due to rounding.									
*Totals may differ due to missing information									

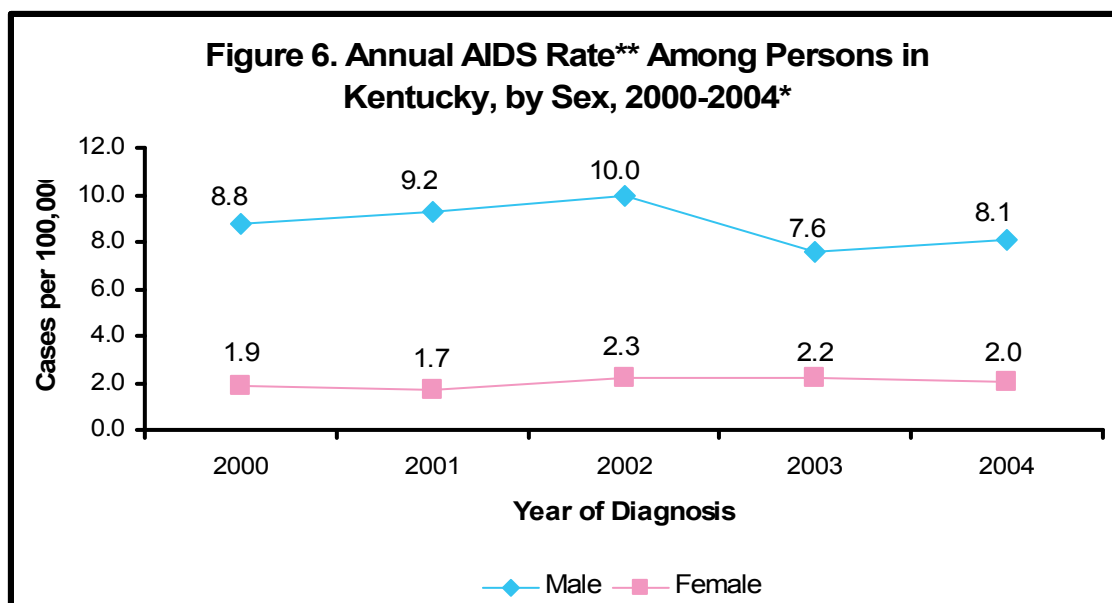
AIDS Cases in Kentucky by Sex



*Data for 2005 are provisional due to reporting delays and are not used in trend analysis; data are subject to change due to reporting delays.



AIDS Rates in Kentucky by Sex



*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

**Due to the small numbers of AIDS cases reported, please interpret the corresponding rates with caution.

Males represent the majority, 85 percent, of total AIDS cases reported in Kentucky (Figure 5). The rate of AIDS among males was approximately 4 times higher than females in 2004 (Figure 6). The male AIDS rate has shown a 7 percent increase since 2003 and will continue to be monitored for changes. AIDS rates for females began declining in 2001, but has showed an increase in the year 2002. However, the female AIDS rate has continued to decline through 2004 and has shown a 13 percent decrease since 2002. These data will continue to be monitored as data become available.

AIDS Cases in Kentucky by Age Groups

Figure 7. Percentage of Cumulative Kentucky AIDS Cases by Age at Time of Diagnosis N=4,321

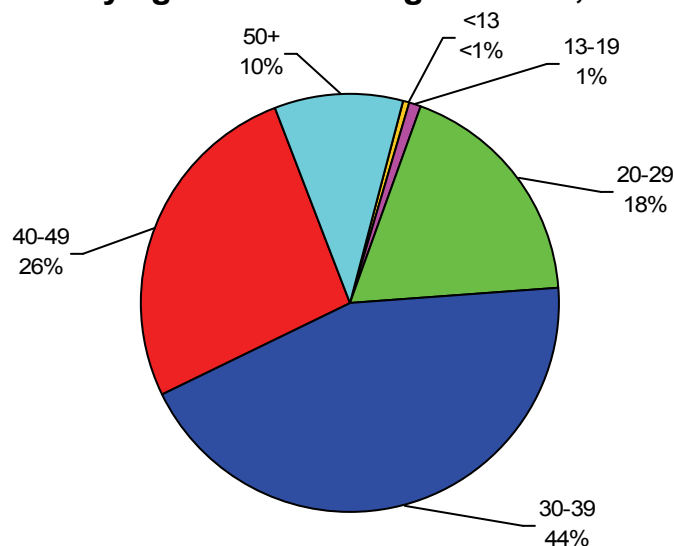
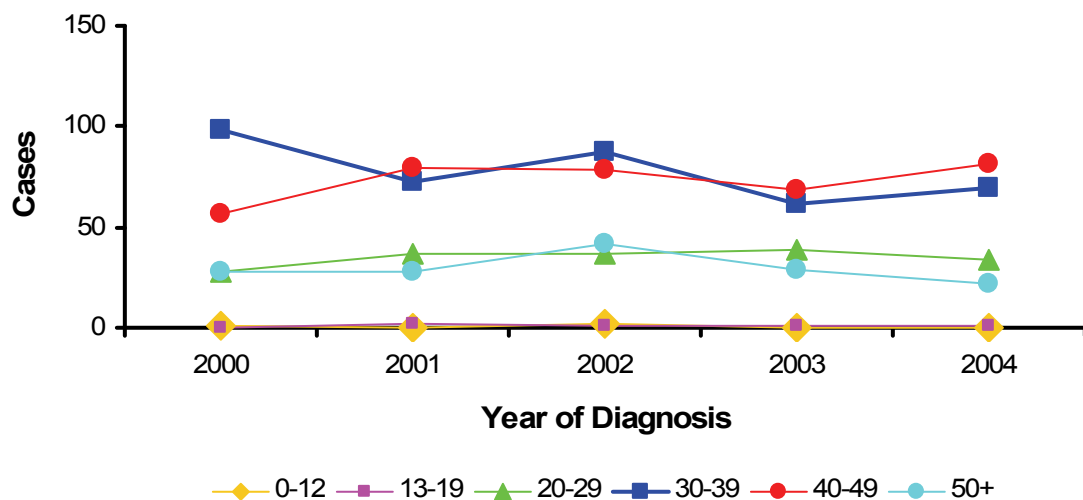
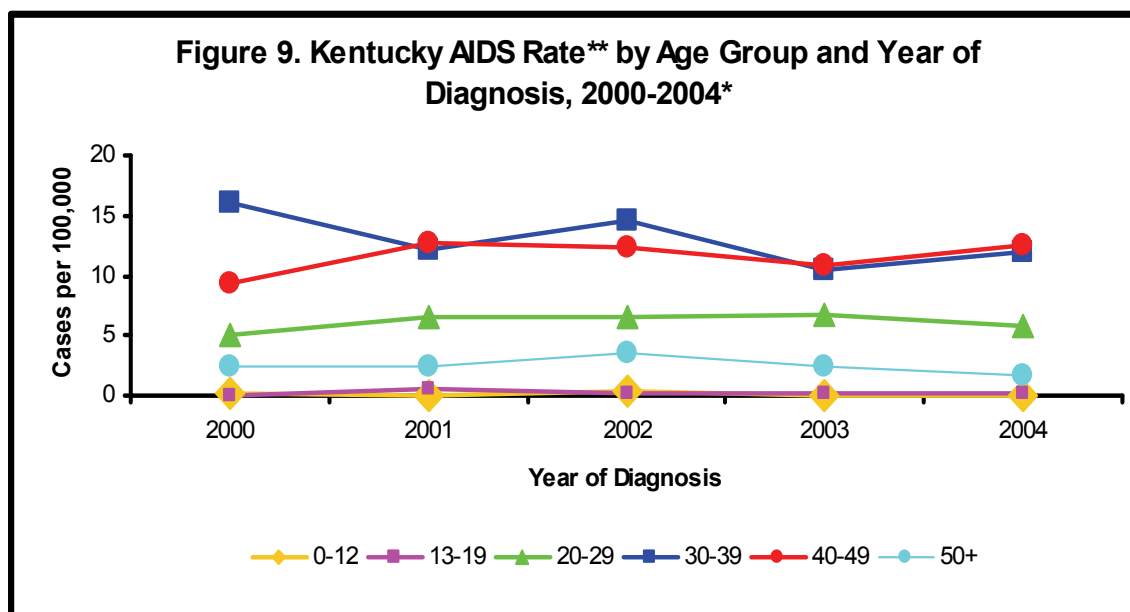


Figure 8. Annual AIDS Cases Among Persons in Kentucky, by Age Group, 2000-2004*



*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

AIDS Rates in Kentucky by Age Groups



*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

**Due to the small numbers of AIDS cases reported, please interpret the corresponding rates with caution.

Kentucky AIDS rates by age group and year of diagnosis are shown in Figure 9. The majority of AIDS cases are diagnosed in their 30's (44%) followed by those in their 40's (26%). The median age for diagnosed AIDS cases has increased from 38.6 years old in 2000 to 39 years old in 2004 (Table 12) which may signify a trend of individuals being diagnosed at later ages possibly due to delayed testing. The number of AIDS cases as well as the AIDS rate increased for the 40-49 age group in 2004. AIDS rates for those in the 30-39 age group decreased in 2003, however, an increase was observed in 2004. Cumulatively, the majority of cases reported in Kentucky are in those ages 25-44. Rates for those ages 12 years and younger are small and will continued to be monitored.

Table 12. Age at Reported AIDS Diagnosis, Kentucky 2000-2004

Year	Highest Age	Lowest Age	Mean Age
2000	66	<1	38.6
2001	69	14	38.9
2002	52	1	39.6
2003	52	19	38.7
2004	50	19	39.0

AIDS Cases in Kentucky by Mode of Exposure

Figure 10. Percentage of Cumulative Kentucky Adult/Adolescent AIDS Cases by Mode of Exposure N=4,293

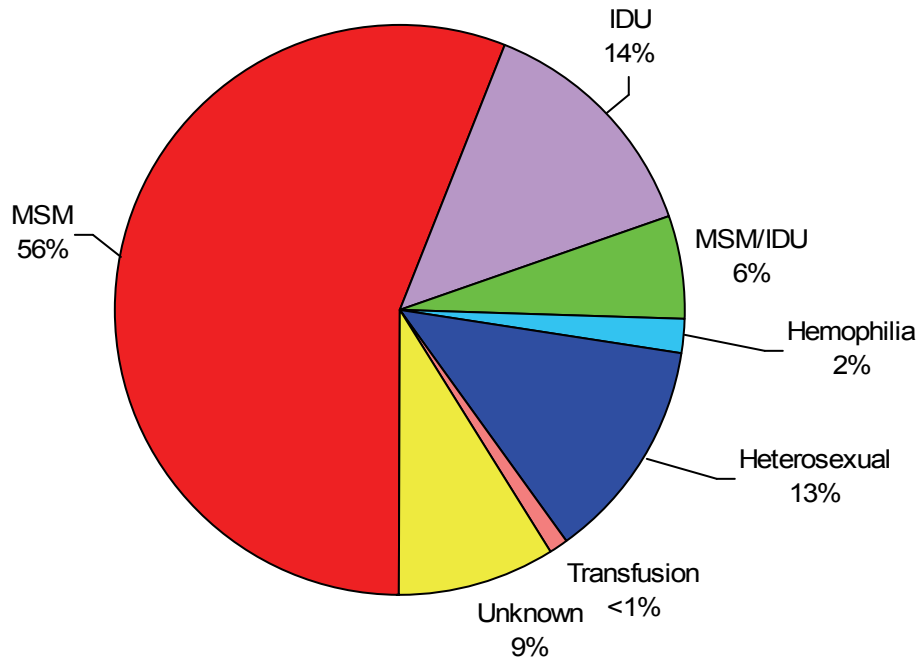


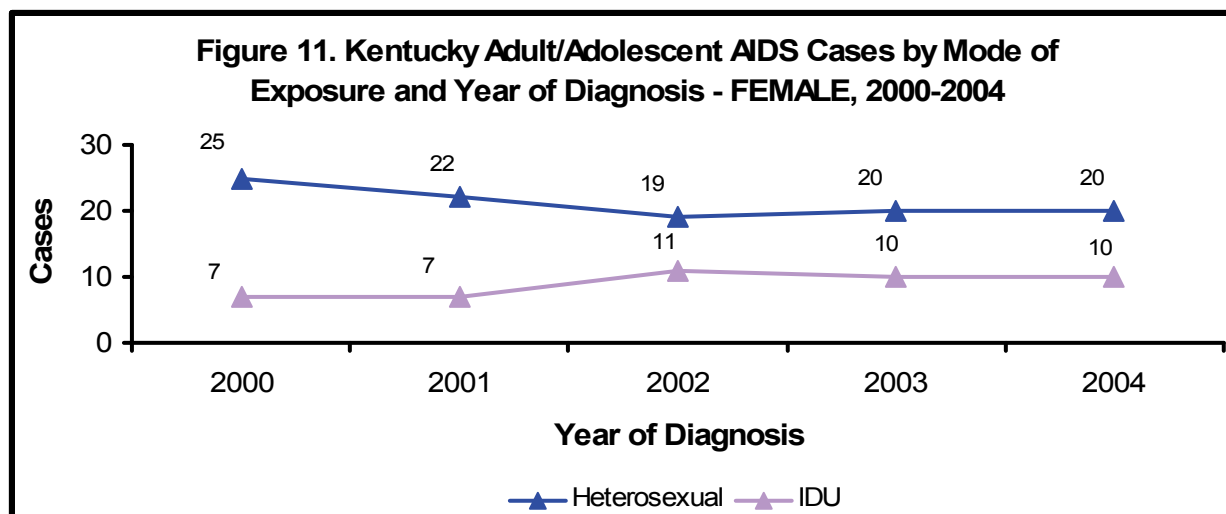
Table 13.

Risk Factor	N
MSM	2406
IDU	587
MSM/IDU	247
Hemophilia	85
Heterosexual	544
Transfusion	39
Unknown	385
Total	4,293

In the state of Kentucky, 56 percent of cumulative adult/adolescent AIDS cases were identified as men who have sex with men (MSM) as shown in Figure 10. Fourteen percent of reported adult/adolescent AIDS cases were identified as injection drug users (IDU) while 13 percent were identified as heterosexual contact. Six percent of Kentucky adult/adolescent AIDS cases were identified as both MSM and IDU, and the remaining 12 percent had a non-identifiable exposure or other exposures such as hemophilia and/or transfusions. Cumulative AIDS case numbers for each risk factor are displayed in Table 12.

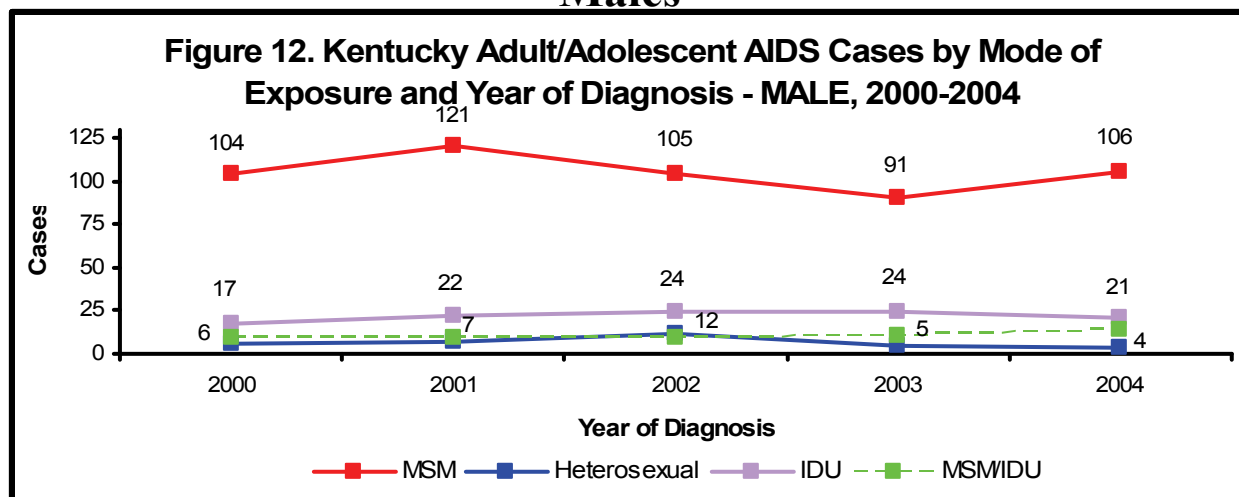
AIDS Cases/Rates in Kentucky by Mode of Exposure and Sex

Females



*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

Males

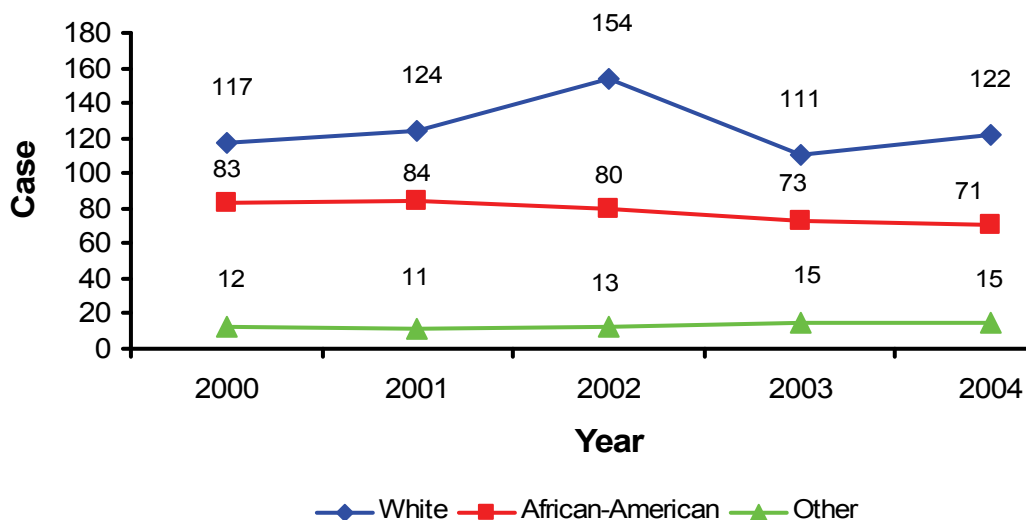


*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

Figure 11 and Figure 12 show female and male Kentucky adult/adolescent AIDS cases by mode of exposure and year of diagnosis. The majority of female AIDS cases were identified as having heterosexual (53%) and injection drug users (26%) (see Table 8). AIDS cases for females identified as heterosexual contact or IDU have remained consistent for the last three years. For males, the majority of cases were reported with a primary exposure of men having sex with men (66%), followed by injection drug use (12%), the combined risk of MSM and IDU (7%) and heterosexual contact (6%) (see Table 8). AIDS cases for MSMs have steadily decreased since 2002, however, an increase was observed in 2004. Male AIDS cases in injection drug users remained fairly steady from 2002 through 2003, however, a slight decrease has been observed.

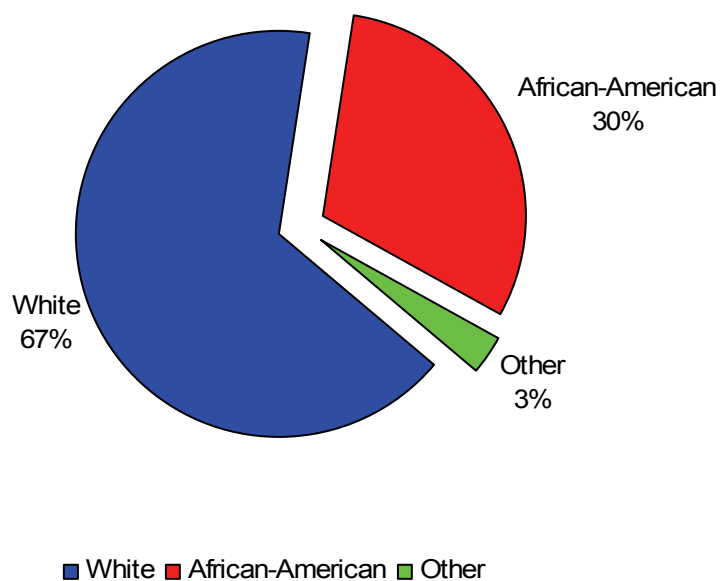
AIDS Cases in Kentucky by Race

Figure 13. Kentucky AIDS Cases by Race and Year of Diagnosis, 2000-2004

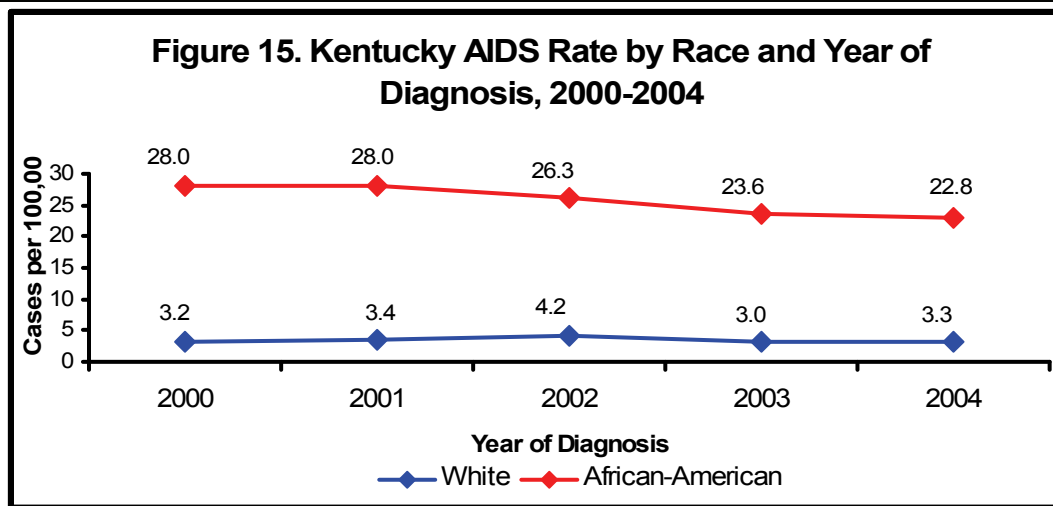


*Data for 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

Figure 14. Percentage of Cumulative Kentucky AIDS Cases by Race N=4,320



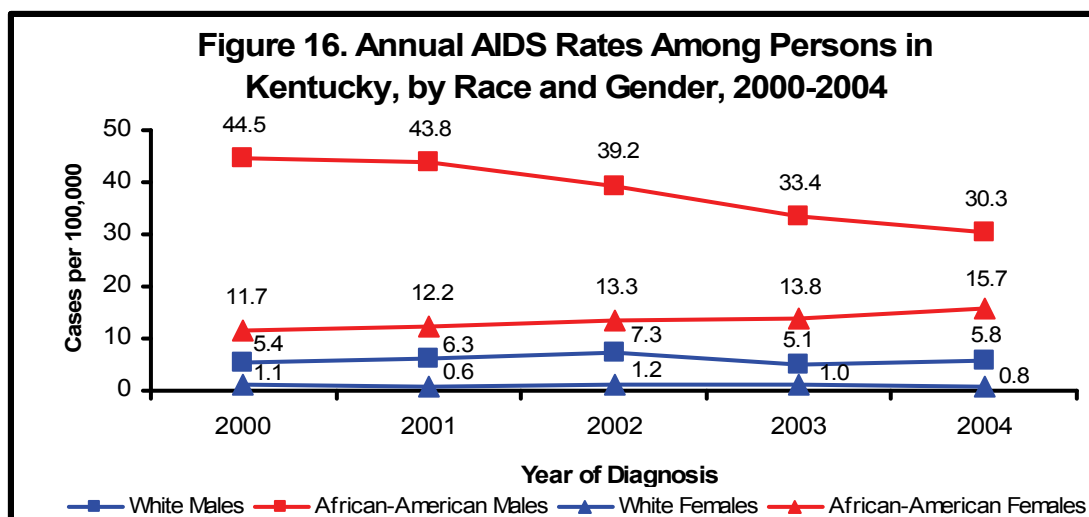
AIDS Rates in Kentucky by Race



*Data 2005 are provisional due to reporting delay and are not used in trend analysis; data are subject to change due to reporting delays.

**Due to the small numbers of AIDS cases reported, please interpret the corresponding rates with caution.

In 2004, the **AIDS rate for African-Americans was approximately seven times higher than for whites** in Kentucky. Overall, the AIDS rate for African Americans has been gradually declining since 2000 (Figure 15) and has continued through 2004. The AIDS rate among white Kentuckians slightly increased for the first time in the year 2001 and continued through 2002. However, a decrease was observed in 2003. In 2004, the AIDS rate among white Kentuckians has shown a slight increase. The ‘Annual AIDS Rates among Persons in Kentucky by Gender and Race’ (Figure 16) shows a more detailed look at rates by race and gender. AIDS rates for African-American males in Kentucky are 5 times higher than white males in Kentucky and African-American females in Kentucky have AIDS rates 19 times higher than white females in Kentucky.



AIDS Mortality Rates in Kentucky

Table 14. Kentucky AIDS Deaths 2003 - All Ages

	White			African American			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	33	1.8	24th	20	13.7	12th	53	2.6	22nd
Female	6	0.3	31st	7	4.6	16th	14	0.7	29th
Total	39	1.1	28th	27	9.0	15th	67	1.6	24th

*Rate per 100,000 population

Table 15. Kentucky AIDS Deaths 2003 - Age Group 25-44

	White			African American			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	19	3.5	9th	12	27.0	4th	31	5.2	8th
Female	6	1.1	13th	4	8.9	5th	11	1.8	10th
Total	25	2.3	10th	16	17.9	5th	42	3.5	8th

*Rate per 100,000 population

Kentucky Department for Public Health. *Death Certificate Files*. Frankfort, Kentucky: Cabinet for Health and Family Services, 2005.

**Table 16. KENTUCKY AIDS CASES⁽¹⁾
LIVING AND DECEASED,
AS OF 12/31/05**

Diagnosis Year	Total Cases	Living	Deceased	Case Fatality Rate ⁽²⁾
1982	2	0	2	100%
1983	6	0	6	100%
1984	15	0	15	100%
1985	30	1	29	97%
1986	37	1	36	97%
1987	66	5	61	92%
1988	121	6	115	95%
1989	161	17	144	89%
1990	179	25	154	86%
1991	215	34	181	84%
1992	280	60	220	79%
1993	302	89	213	71%
1994	304	128	176	58%
1995	330	192	138	42%
1996	323	221	102	32%
1997	260	194	66	25%
1998	233	169	64	27%
1999	228	183	45	20%
2000	212	167	45	21%
2001	219	190	29	13%
2002	247	214	33	13%
2003	200	187	13	7%
2004	208	201	7	3%
2005	142	138	4	3%
TOTAL*	4320	2422	1898	44%

(1) Includes both Adult/Adolescent and Pediatric AIDS cases.

(2) The case fatality rate is the percentage of AIDS cases diagnosed in a year which are deceased.

*One case with missing vital status information

In 2003, AIDS was the 24th leading cause of death for all Kentuckians (Table 14). AIDS was the 15th leading cause of death in African-Americans and the 28th leading cause of death in whites in Kentucky. For African-American males of any age in Kentucky, AIDS ranked as the 12th leading cause of death.

In 2003, among those ages 25-44, AIDS was the eighth leading cause of death (Table 15). Among those ages 25-44, AIDS ranked as the fourth leading cause of death for African-American males, ninth among white males, fifth among African American females, and 13th among white females. In 2003, for African-Americans age 25-44 years, the AIDS death rates were approximately eight times higher than the white AIDS death rate in this age group.

HIV Counseling and Testing Sites

Ora-Sure

The Ora-Sure test actually determines if HIV antibodies are present in oral mucosal transudate (OMT) that has been collected from the lower cheek and gum. *This is NOT a saliva test since the specimen collected is not saliva.* In order to collect a sample, a nylon pad is placed between the lower gum and cheek for two to five minutes. The pad is salt laden which sets up a concentration gradient causing fluids to be absorbed from cells in the linings of the cheeks and gums. Results are generally available in three to five days. If your agency is interested in becoming an Ora-Sure site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Sure Testing Sites*

All state sponsored testing sites, offer free confidential or anonymous HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

The AIDS Project
115 Ewing Avenue
Louisville, KY 40206
(502) 608-0586

Barren County Health Department
318 West Washington
Glasgow, KY 42142
(270) 651-8321

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Barren River District Health Department
1109 State Street
Bowling Green, KY 42102
(270) 781-8039

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Bluegrass Farm Worker Clinic (BFWC)
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

Daviess County Health Department
1600 Breckenridge
Owensboro, KY 42302
(270) 686-7744

Area Health Education Center-Louisville
Park Duvalle Community Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260 or

Heartland CARES
3025 Clay Street
Paducah, KY 42001
(270) 444-8183

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **DOES NOT INCLUDE** an all inclusive list of testing centers in the state of Kentucky.

HIV Counseling and Testing Sites

State Sponsored Ora-Sure Testing Sites* continued

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Owensboro Task Force
1600 Breckenridge, Suite 2205
Owensboro, KY 42302
(270) 316-3386

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Purchase District Health Department
320 North 7th Street
Mayfield, KY 42066
(270) 247-1490

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Western Kentucky Univ. Health Services
1906 College Heights Boulevard #8400
Bowling Green, KY 42101-1041
(270) 745-5033 or (270) 745-5653

Northern Kentucky District Health Department
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7600

WINGS Clinic
550 South Jackson Street
Louisville, KY 40292
(502) 561-8844

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **DOES NOT INCLUDE** an all inclusive list of testing centers in the state of Kentucky.

HIV Counseling and Testing Sites

Ora-Quick

Ora-Quick tests are a type of screening performed on oral mucosal transudate (OMT) in which results are ready in 20 minutes. Rapid tests have received FDA approval and have been in use for more than a year. Several agencies working in association with the state HIV Prevention grant are currently using rapid testing. Other agencies are being encouraged to begin using rapid testing. If your agency is interested in becoming an Ora-Quick site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Quick Testing Sites*

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Area Health Education Center-Louisville
Park Duvalle Comm. Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260 or (502) 776-5785

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Bluegrass Farm Worker Clinic
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Heartland CARES
3025 Clay Street
Paducah, KY 42001
(270) 444-8183

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Northern Kentucky District Health Dept.
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7600

Planned Parenthood of the Bluegrass
508 West 2nd Street
Lexington, KY 40508
(859) 252-8494

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **DOES NOT INCLUDE** an all inclusive list of testing centers in the state of Kentucky.